

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: LAKESWOOD BOARD OF EDUCATION County: OCEAN

2 Employee Organization: LAKESWOOD EDUCATION ASSOCIATION Number of Employees in Unit: 894

3 Base Year Contract Term: 2018-2021 New Contract Term: 2021-2026

SECTION II: Type of Contract Settlement (please check only one)

4 Contract settled without neutral assistance

5 Contract settled with assistance of mediator

6 Contract settled with assistance of fact-finder

7 Contract settled with assistance of super-conciliator

8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes No

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$ 44,299,299

10 Longevity Costs in Base Year \$ 0

11 Total Salary Base \$ 44,299,299

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>7/1/2021</u>	<u>7/1/22</u>	<u>7/1/23</u>	<u>7/1/24</u>	<u>7/1/25</u>
13 Cost of Salary Increments (\$)	<u>1,949,169</u>	<u>1,997,026</u>	<u>2,086,983</u>	<u>2,130,092</u>	<u>2,219,556</u>
14 Salary Increase Above Increments (\$)	<u>194,000</u>	<u>95,000</u>	<u>95,000</u>	<u>0</u>	<u>0</u>
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
16 Total \$ Increase (sum of lines 13-15)	<u>2,143,169</u>	<u>2,092,026</u>	<u>2,181,983</u>	<u>2,130,092</u>	<u>2,219,556</u>
17 New Salary Base (\$)	<u>46,442,468</u>	<u>48,534,494</u>	<u>50,716,447</u>	<u>52,846,569</u>	<u>55,066,125</u>
18 Percentage increase over prior year	<u>4.40</u> %	<u>4.30</u> %	<u>4.30</u> %	<u>4.20</u> %	<u>4.20</u> %

**If contract duration is longer than five years, please add an additional page.*

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	NONE						
20	Totals(\$):						

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$16,906,409	\$16,635,907
22	Prescription Plan Cost	\$3,875,350	\$4,069,117
23	Dental Plan Cost	\$1,276,305	\$1,340,120
24	Vision Plan Cost	\$117,496	\$117,496
25	Total Cost of Insurance	\$22,175,560	\$22,162,640
26	Employee Insurance Contributions	\$2,584,130	\$2,327,077
27	Employee Contributions as % of Total Insurance Cost	11.65 %	10.49 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.


A. Subject to the provisions of C. 44, P.L. 2020 and C. 78, P.L. 2011 the Board of Education shall pay full premium costs for medical and prescription coverage for all members and dependents. Each member shall contribute toward the cost of insurance premiums pursuant to the requirements of C. 44, P.L. 2020 and C. 78, P.L. 2011 in accordance with their choice of health plan.

Should said laws expire or change during the term of this contract, such that member contributions are no longer required and become negotiable between the parties, it is agreed that member contributions shall continue until negotiations are ratified by both parties and in accordance with the provisions of said laws.

In addition, should the School Employees Health Benefits Plan (SEHBP) declare a " Premium Holiday " during the term of this agreement, the Board shall discontinue member contributions in accordance with the provisions of C. 44, P.L. 2020 and C. 78, P.L. 2011 and the requirements of the SEHBP.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	ROBERT S. FINGER
Position/Title:	COORDINATOR OF FISCAL SERVICES
Signature:	
Date:	1/12/2022

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

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